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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	030048094US
	First Named Inventor	Robert H. Kelley-Wickemeyer
	Original Patent Number	6,293,497
	Original Patent Issue Date (Month/Day/Year)	September 25, 2001
	Express Mail Label No.	EV343591688US

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ **Utility Patent**

☐ **Design Patent**

☐ **Plant Patent**

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53)

☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☒ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☒ Offer to Surrender Original Patent
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☒ Other: Check, Copies of Assignment Recordation Forms and Assignments (2) being filed concurrently herewith

14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		<div style="border: 1px solid black; padding: 5px; display: inline-block;">25096</div> (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below
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NAME (Print/Type)	John M. Wechkin	Registration No. (Attorney/Agent)	42,216
Signature		Date	9/24/2003

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21906 U.S. PTO
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
030048094US

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 12	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 12	**** 0	X\$ = X\$ =		or	X\$18=	\$
=			X\$84=				\$	
(C) 1		(D) 1	* 0					
Basic Fee (37 CFR 1.16(h))					\$			\$ 750.00
Total Filing Fee					\$		OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 78	MINUS	** 20	=58	X\$ =		or	X\$18.00= \$1044.00
Independent Claims (37 CFR 1.16(i))	*** 8	MINUS	***** 3	=5	X\$ =			X\$84.00= \$420.00
Total Additional Fee					\$		OR	\$1464.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0665.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 2214.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**Sep. 24, 2003
Date

Signature of Applicant, Attorney or Agent of Record

John M. Wechkin, Registration No. 42,216

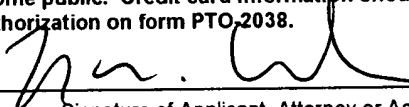
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09/24/03



16519 U.S. PTO

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 030048094US		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
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(A) 12	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 12	**** 0	X\$ = X\$ =		or	X\$18=	\$
(C) 1		(D) 1	* 0				X\$84=	\$
Basic Fee (37 CFR 1.16(h))					\$		\$ 750.00	
Total Filing Fee					\$	OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
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Total Additional Fee					\$	OR	\$1464.00	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-0665</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>2214.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p><u>Sep. 24, 2003</u></p> <p>Date</p> </div> <div style="width: 60%; text-align: center;"> <p></p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p>John M. Wechkin, Registration No. 42,216</p> <p>Typed or printed name</p> </div> </div>								

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